6 Months Questions

GROW PEDIATRICS

Patient Name:	DOB:	Date:

Any questions or concerns today? Please circle all that apply.

Eating	Y	N
Elimination (voiding/stooling)	Y	N
Sleeping	Y	N
Developmental	Y	N
Hearing/Vision	Y	N
Skin	Y	N
Vaccines	Y	N
Other	Y	N
Any family changes or stressors since last visit?	Y	N
Does your baby have any exposure to smoke?	Y	N

Have you started childproofing your home? Check all that you have done.

Poisons/medications out of reach?	Y	N
Power cords out of reach?	Y	N
Outlets covered?	Y	N
Cabinet latches installed?	Y	N
Stairs gated?	Y	N
Irons/curling irons out of reach?	Y	N
Water heater thermostat set not above 120 degrees Fahrenheit?	Y	N
Poison Control phone number posted?	Y	N
Do you use sunscreen and bug spray?	Y	N
Do you know infant/child CPR?	Y	N

SEE REVERSE FOR ADDITIONAL QUESTIONS

6 Months Questions

Patient Name:	DOB:	Date:

Food Insecurity & Transportation Questions (mark your answer):

- Within the past 12 months, you worried that your food would run out before you got money to buy more.
  - Often true
  - Sometimes true
  - Never true
- Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.
  - Often true
  - Sometimes true
  - Never true
- In the past 12 months, has lack of transportation kept you from medical appointments, meetings, working or from getting things needed for daily living (mark all that apply)?
  - Yes, it has kept me from medical appointments or getting medications
  - Yes, it has kept me from non-medical meetings, appointments, work or getting things that I need
  - No

Edinburgh Postnatal Depression Scale[1] (EPDS)

Name: _____ Address: _____

Your Date of Birth: _____ _____

Baby's Date of Birth: _____ Phone: _____

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:
- □ Yes, all the time
- ☒ Yes, most of the time
- □ No, not very often
- □ No, not at all

This would mean: "I have felt happy most of the time" during the past week. Please complete the other questions in the same way.

In the past 7 days:

1. I have been able to laugh and see the funny side of things
   - □ As much as I always could
   - □ Not quite so much now
   - □ Definitely not so much now
   - □ Not at all

2. I have looked forward with enjoyment to things
   - □ As much as I ever did
   - □ Rather less than I used to
   - □ Definitely less than I used to
   - □ Hardly at all

*3. I have blamed myself unnecessarily when things went wrong
   - □ Yes, most of the time
   - □ Yes, some of the time
   - □ Not very often
   - □ No, never

4. I have been anxious or worried for no good reason
   - □ No, not at all
   - □ Hardly ever
   - □ Yes, sometimes
   - □ Yes, very often

*5 I have felt scared or panicky for no very good reason
   - □ Yes, quite a lot
   - □ Yes, sometimes
   - □ No, not much
   - □ No, not at all

*6. Things have been getting on top of me
   - □ Yes, most of the time I haven't been able to cope at all
   - □ Yes, sometimes I haven't been coping as well as usual
   - □ No, most of the time I have coped quite well
   - □ No, I have been coping as well as ever

*7 I have been so unhappy that I have had difficulty sleeping
   - □ Yes, most of the time
   - □ Yes, sometimes
   - □ Not very often
   - □ No, not at all

*8 I have felt sad or miserable
   - □ Yes, most of the time
   - □ Yes, quite often
   - □ Not very often
   - □ No, not at all

*9 I have been so unhappy that I have been crying
   - □ Yes, most of the time
   - □ Yes, quite often
   - □ Only occasionally
   - □ No, never

*10 The thought of harming myself has occurred to me
   - □ Yes, quite often
   - □ Sometimes
   - □ Hardly ever
   - □ Never

Administered/Reviewed by _____ Date _____

[1]Source: Cox, J.L., Holden, J.M., and Sagovsky, R. 1987. Detection of postnatal depression: Development of the 10-item Edinburgh Postnatal Depression Scale. *British Journal of Psychiatry* 150:782-786 .

[2]Source: K. L. Wisner, B. L. Parry, C. M. Piontek, Postpartum Depression N Engl J Med vol. 347, No 3, July 18, 2002, 194-199

Patient Name: DOB:

ASQ-3

6 Month Questionnaire

5 months 0 days through 6 months 30 days

On the following pages are questions about activities babies may do. Your baby may have already done some of the activities described here, and there may be some your baby has not begun doing yet. For each item, please fill in the circle that indicates whether your baby is doing the activity regularly, sometimes, or not yet.

Important Points to Remember:

- ☑ Try each activity with your baby before marking a response.
- ☑ Make completing this questionnaire a game that is fun for you and your baby.
- ☑ Make sure your baby is rested and fed.
- ☑ Please return this questionnaire by _____.

Notes:

_____

_____

_____

_____

COMMUNICATION

	YES	SOMETIMES	NOT YET	
1. Does your baby make high-pitched squeals?	◯	◯	◯	____
2. When playing with sounds, does your baby make grunting, growling, or other deep-toned sounds?	◯	◯	◯	____
3. If you call your baby when you are out of sight, does she look in the direction of your voice?	◯	◯	◯	____
4. When a loud noise occurs, does your baby turn to see where the sound came from?	◯	◯	◯	____
5. Does your baby make sounds like "da," "ga," "ka," and "ba"?	◯	◯	◯	____
6. If you copy the sounds your baby makes, does your baby repeat the same sounds back to you?	◯	◯	◯	____

COMMUNICATION TOTAL ____

GROSS MOTOR

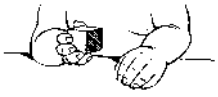
	YES	SOMETIMES	NOT YET	
1. While your baby is on his back, does your baby lift his legs high enough to see his feet?	◯	◯	◯	____
2. When your baby is on her tummy, does she straighten both arms and push her whole chest off the bed or floor?	◯	◯	◯	____
3. Does your baby roll from his back to his tummy, getting both arms out from under him?	◯	◯	◯	____
4. When you put your baby on the floor, does she lean on her hands while sitting? *(If she already sits up straight without leaning on her hands, mark "yes" for this item.)* 	◯	◯	◯	____

E101060200

GROSS MOTOR *(continued)*

	YES	SOMETIMES	NOT YET	
5. If you hold both hands just to balance your baby, does he support his own weight while standing? 	◯	◯	◯	___
6. Does your baby get into a crawling position by getting up on her hands and knees? 	◯	◯	◯	___
		GROSS MOTOR TOTAL		___

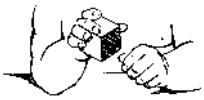
FINE MOTOR

	YES	SOMETIMES	NOT YET	
1. Does your baby grab a toy you offer and look at it, wave it about, or chew on it for about 1 minute?	◯	◯	◯	___
2. Does your baby reach for or grasp a toy using both hands at once?	◯	◯	◯	___
3. Does your baby reach for a crumb or Cheerio and touch it with his finger or hand? *(If he already picks up a small object the size of a pea, mark "yes" for this item.)* 	◯	◯	◯	___
4. Does your baby pick up a small toy, holding it in the center of her hand with her fingers around it? 	◯	◯	◯	___
5. Does your baby *try* to pick up a crumb or Cheerio by using his thumb and all of his fingers in a raking motion, even if he isn't able to pick it up? *(If he already picks up the crumb or Cheerio, mark "yes" for this item.)* 	◯	◯	◯	___
6. Does your baby pick up a small toy with only one hand? 	◯	◯	◯	___
		FINE MOTOR TOTAL		___

PROBLEM SOLVING

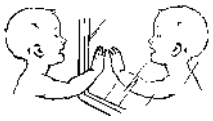
	YES	SOMETIMES	NOT YET	
1. When a toy is in front of your baby, does she reach for it with both hands?	◯	◯	◯	___
2. When your baby is on his back, does he turn his head to look for a toy when he drops it? *(If he already picks it up, mark "yes" for this item.)*	◯	◯	◯	___
3. When your baby is on her back, does she try to get a toy she has dropped if she can see it?	◯	◯	◯	___
				___

PROBLEM SOLVING *(continued)*

	YES	SOMETIMES	NOT YET	
4. Does your baby pick up a toy and put it in his mouth? 	○	○	○	___
5. Does your baby pass a toy back and forth from one hand to the other? 	○	○	○	___
6. Does your baby play by banging a toy up and down on the floor or table? 	○	○	○	___

PROBLEM SOLVING TOTAL ___

PERSONAL-SOCIAL

	YES	SOMETIMES	NOT YET	
1. When in front of a large mirror, does your baby smile or coo at herself? 	○	○	○	___
2. Does your baby act differently toward strangers than he does with you and other familiar people? *(Reactions to strangers may include staring, frowning, withdrawing, or crying.)*	○	○	○	___
3. While lying on her back, does your baby play by grabbing her foot? 	○	○	○	___
4. When in front of a large mirror, does your baby reach out to pat the mirror? 	○	○	○	___
5. While your baby is on his back, does he put his foot in his mouth? 	○	○	○	___
6. Does your baby try to get a toy that is out of reach? *(She may roll, pivot on her tummy, or crawl to get it.)*	○	○	○	___

PERSONAL-SOCIAL TOTAL ___

OVERALL

Parents and providers may use the space below for additional comments.

1. Does your baby use both hands and both legs equally well? If no, explain: ◯ YES ◯ NO

2. When you help your baby stand, are his feet flat on the surface most of the time? If no, explain: ◯ YES ◯ NO

3. Do you have concerns that your baby is too quiet or does not make sounds like other babies? If yes, explain: ◯ YES ◯ NO

4. Does either parent have a family history of childhood deafness or hearing impairment? If yes, explain: ◯ YES ◯ NO

5. Do you have concerns about your baby's vision? If yes, explain: ◯ YES ◯ NO

6. Has your baby had any medical problems in the last several months? If yes, explain: ◯ YES ◯ NO

7. Do you have any concerns about your baby's behavior? If yes, explain: ◯ YES ◯ NO

8. Does anything about your baby worry you? If yes, explain: ◯ YES ◯ NO

BRIGHT FUTURES HANDOUT ▶ **PARENT**

6 MONTH VISIT

Here are some suggestions from Bright Futures experts that may be of value to your family.

HOW YOUR FAMILY IS DOING

- If you are worried about your living or food situation, talk with us. Community agencies and programs such as WIC and SNAP can also provide information and assistance.
- Don't smoke or use e-cigarettes. Keep your home and car smoke-free. Tobacco-free spaces keep children healthy.
- Don't use alcohol or drugs.
- Choose a mature, trained, and responsible babysitter or caregiver.
- Ask us questions about child care programs.
- Talk with us or call for help if you feel sad or very tired for more than a few days.
- Spend time with family and friends.

YOUR BABY'S DEVELOPMENT

- Place your baby so she is sitting up and can look around.
- Talk with your baby by copying the sounds she makes.
- Look at and read books together.
- Play games such as peekaboo, patty-cake, and so big.
- Don't have a TV on in the background or use a TV or other digital media to calm your baby.
- If your baby is fussy, give her safe toys to hold and put into her mouth. Make sure she is getting regular naps and playtimes.

FEEDING YOUR BABY

- Know that your baby's growth will slow down.
- Be proud of yourself if you are still breastfeeding. Continue as long as you and your baby want.
- Use an iron-fortified formula if you are formula feeding.
- Begin to feed your baby solid food when he is ready.
- Look for signs your baby is ready for solids. He will
  - Open his mouth for the spoon.
  - Sit with support.
  - Show good head and neck control.
  - Be interested in foods you eat.

Starting New Foods

- Introduce one new food at a time.
- Use foods with good sources of iron and zinc, such as
  - Iron- and zinc-fortified cereal
  - Pureed red meat, such as beef or lamb
- Introduce fruits and vegetables after your baby eats iron- and zinc-fortified cereal or pureed meat well.
- Offer solid food 2 to 3 times per day; let him decide how much to eat.
- Avoid raw honey or large chunks of food that could cause choking.
- Consider introducing all other foods, including eggs and peanut butter, because research shows they may actually prevent individual food allergies.
- To prevent choking, give your baby only very soft, small bites of finger foods.
- Wash fruits and vegetables before serving.
- Introduce your baby to a cup with water, breast milk, or formula.
- Avoid feeding your baby too much; follow baby's signs of fullness, such as
  - Leaning back
  - Turning away
- Don't force your baby to eat or finish foods.
  - It may take 10 to 15 times of offering your baby a type of food to try before he likes it.

Helpful Resources: Smoking Quit Line: 800-784-8669 | Poison Help Line: 800-222-1222
Information About Car Safety Seats: www.safercar.gov/parents | Toll-free Auto Safety Hotline: 888-327-4236

6 MONTH VISIT—PARENT

HEALTHY TEETH

- Ask us about the need for fluoride.
- Clean gums and teeth (as soon as you see the first tooth) 2 times per day with a soft cloth or soft toothbrush and a small smear of fluoride toothpaste (no more than a grain of rice).
- Don't give your baby a bottle in the crib. Never prop the bottle.
- Don't use foods or juices that your baby sucks out of a pouch.
- Don't share spoons or clean the pacifier in your mouth.

SAFETY

- Use a rear-facing–only car safety seat in the back seat of all vehicles.
- Never put your baby in the front seat of a vehicle that has a passenger airbag.
- If your baby has reached the maximum height/weight allowed with your rear-facing–only car seat, you can use an approved convertible or 3-in-1 seat in the rear-facing position.
- Put your baby to sleep on her back.
- Choose crib with slats no more than 2⅜ inches apart.
  - Lower the crib mattress all the way.
- Don't use a drop-side crib.
- Don't put soft objects and loose bedding such as blankets, pillows, bumper pads, and toys in the crib.
- If you choose to use a mesh playpen, get one made after February 28, 2013.
- Do a home safety check (stair gates, barriers around space heaters, and covered electrical outlets).
- Don't leave your baby alone in the tub, near water, or in high places such as changing tables, beds, and sofas.
- Keep poisons, medicines, and cleaning supplies locked and out of your baby's sight and reach.
- Put the Poison Help line number into all phones, including cell phones. Call us if you are worried your baby has swallowed something harmful.
- Keep your baby in a high chair or playpen while you are in the kitchen.
- Do not use a baby walker.
- Keep small objects, cords, and latex balloons away from your baby.
- Keep your baby out of the sun. When you do go out, put a hat on your baby and apply sunscreen with SPF of 15 or higher on her exposed skin.

WHAT TO EXPECT AT YOUR BABY'S 9 MONTH VISIT

We will talk about

- Caring for your baby, your family, and yourself
- Teaching and playing with your baby
- Disciplining your baby
- Introducing new foods and establishing a routine
- Keeping your baby safe at home and in the car

Consistent with *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents,* 4th Edition

For more information, go to https://brightfutures.aap.org.

FOOD INTRODUCTION

GROW PEDIATRICS

Basic Principles

1. Introduce around six months of age when they are sitting fairly steady and have lost the tongue thrust reflex
2. Limit salt, all other spices are okay
3. No honey before age one. No nuts or popcorn until age three to five. All other foods are okay, just be mindful of a healthy variety. Even less healthy foods (pizza, desserts, etc) are okay if given in moderation.
4. No need to start with rice cereal or oatmeal, start with any age-appropriate food you want
5. Introduce high allergen foods sooner than later to lower risk of allergy development (fish, shellfish, eggs, peanut butter, wheat, dairy)
6. Offer plenty of iron-rich foods
7. Formula and breastmilk should still be your baby's main source of nutrition until twelve months. Offer the breast milk/formula 30-60min before a solid meal
8. Try to sit and eat with the baby at mealtimes; this is especially important with baby-led weaning
9. Can offer a sippy cup of one to two ounces of water one to two times a day
10. No juice unless indicated for constipation
11. Slowly work your way up to baby having three meals and one to two snacks by twelve months

Purees:

1. Offer about one tablespoon of each food you are giving. Spoon feed and follow cues to stop when babe is all done (turning head, crying, pushing spoon away).
2. As pincer grasp develops, close to nine months, should start offering bite-sized pieces that babe can pick up and eat

Baby-led weaning (baby should be sitting well on his/her own):

1. Highly suggest reading the book Baby-led Weaning by Gill Rapley
2. Foods should be offered in finger-length shapes so baby can easily grasp the foods
3. If foods are naturally pureed (applesauce, yogurt, etc), you can offer them on a preloaded spoon for baby to feed him/herself
4. If foods naturally are smaller than finger-length, still okay to give, just might be harder for the baby to get in his/her mouth.
5. Avoid anything coin shaped (smoosh or halve blueberries and cut cherry tomatoes, cherries, grapes, hotdogs/sausage, carrots lengthwise into quarters)
6. Once babe develops pincer grasp, can start cutting foods into bite-sized pieces